

Fill in this information to identify your case:

Debtor 1	DONNA	0	RISMAY
	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing)	First Name	Middle Name
			Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 PA DEPT OF REVENUE Priority Creditor's Name PO BOX 280601 Number Street	Last 4 digits of account number	\$ 3,000.00	\$ 3,000.00
HARRISBURG PA 17128 City State ZIP Code	When was the debt incurred?	2018	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number		
Priority Creditor's Name Number Street	When was the debt incurred?	\$ \$ \$ \$	
City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 BEST BUY

Nonpriority Creditor's Name

P.O.BOX 78009

Number Street

PHOENIX

AZ

85062

City

State

ZIP Code

Last 4 digits of account number 3 7 9 9

Total claim
\$ 4,458.00

When was the debt incurred? 1/12

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

4.2 BRAND SOURCE

Nonpriority Creditor's Name

P.O. BOX 9001006

Number Street

LOUISVILLE

KY

40290

City

State

ZIP Code

Last 4 digits of account number 4 9 2 9

\$ 467.00

When was the debt incurred? 6/15

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

4.3 CAPITAL ONE

Nonpriority Creditor's Name

P.O. BOX 71083

Number Street

CHARLOTTE

NC

28272

City

State

ZIP Code

Last 4 digits of account number 9 2 6 9

\$ 6,153.00

When was the debt incurred? 4/16

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

Debtor 1

DONNA

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

CITI DIAMOND CREDIT CARD

Nonpriority Creditor's Name

P.O. BOX 9001037

Number	Street	KY	40290
City		State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 5 1 3 0

\$ 2,942.00

When was the debt incurred? 1/18

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

4.5

CREDIT ONE

Nonpriority Creditor's Name

P.O.BOX
Number Street
INDUSTRY CA 91716
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 6 7 6 3

\$ 401

When was the debt incurred? 2/18

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

4.6

DEPT OF EDUCATION FED LOAN SEF

Priority Creditor's Name

P.O. BOX 530210

Number Street
ATLANTA GA 30353
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Yes

Last 4 digits of account number 6 5 4 4 \$ 14,451.00 \$ 14,451.00 \$

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	GENESIS CREDIT CARD Nonpriority Creditor's Name P.O.BOX 23039 Number Street COLUMBUS GA 31902 City State ZIP Code			Last 4 digits of account number 0 5 4 1	\$ 267.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? 1/18	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply.	
				<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD	
4.8	HOME DEPOT Nonpriority Creditor's Name P.O.BOX 790328 Number Street ST LOUIS MD 63179 City State ZIP Code			Last 4 digits of account number 9 3 7 4	\$ 5,366.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? 3/15	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply.	
				<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD	
4.9	MACY'S Nonpriority Creditor's Name P.O. BOX 9001094 Number Street LOUISVILLE KY 40290 City State ZIP Code			Last 4 digits of account number 7 9 3 0	\$ 1,696.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? 2/16	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply.	
				<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD	

Debtor 1

DONNA J RISMAY
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10

PAY PAL CREDIT

Nonpriority Creditor's Name

P.O.BOX 71202

Number Street

CHARLOTTE

NC

28272

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

\$ 3,539.00

When was the debt incurred? 12/17

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

4.11

PENN MEDICINE

Nonpriority Creditor's Name

P.O. BOX 824406

Number Street

PHILADELPHIA

PA

19182

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 6 1 2 0

\$ 303.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify MEDICAL BILL

4.12

PHILA POLICE & FIRE CREDIT UNION

Nonpriority Creditor's Name

901 ARCH STREET

Number Street

PHILADELPHIA

PA

19107

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 9 8 0 1

\$ 7,591.00

When was the debt incurred? 3/15

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

13	PHILA POLICE & FIRE CREDIT UNION Nonpriority Creditor's Name 901 ARCH STREET Number Street PHILADELPHIA PA 19107 City State ZIP Code			Last 4 digits of account number <u>0 0 0 2</u> \$ <u>13,631.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? <u>9/14</u>
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>UNSECURED LOAN</u>
Nonpriority Creditor's Name Number Street City State ZIP Code				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Last 4 digits of account number <u> </u> \$ <u> </u>
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes				When was the debt incurred? <u> </u>
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u> </u>				
Nonpriority Creditor's Name Number Street City State ZIP Code				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Last 4 digits of account number <u> </u> \$ <u> </u>
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes				When was the debt incurred? <u> </u>
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u> </u>				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
 Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>3,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u> </u>
6e. Total. Add lines 6a through 6d.	6e. \$ <u>3,000.00</u>	
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>14,451.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>46,814.00</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>61,265.00</u>